

CLAIMS ONLY							<small>Application Number</small> <div style="font-size: 1.5em; font-family: cursive;">100/9015/1</div>		<small>Filing Date</small> 			
							<small>Applicant(s)</small> 					
							<small>* May be used for additional claims or amendments</small>					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10		1					60					
11		1					61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18		1					68					
19							69					
20							70					
21		1					71					
22		1					72					
23		1					73					
24							74					
25							75					
26	1						76					
27							77					
28							78					
29							79					
30							80					
31							81					
32	1						82					
33							83					
34							84					
35		1					85					
36		1					86					
37	1						87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1						Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					